



National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20205

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Harold E. Varmus, M.D.
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Dear Dr. Varmus:

Thank you for your letter of August 12. I appreciate the difficulties that you are undoubtedly encountering in addressing the thorny issue of the nomenclature surrounding the recently discovered human retroviruses. I concur with your concern that linking the most recently isolated member of this family to the disease that it undoubtedly causes has great potential for alarming persons who may be identified as being infected with this agent. In fact, my experience in studies with other types of human retroviruses associated with lymphoproliferative malignancies has taught me that substantial anxieties arise when a disease based nomenclature is used. In particular, normal persons infected with human T-cell "leukemia virus" types I and II are quite alarmed when told of this infection. Quite frankly, for this reason, I welcomed the adoption of the human T-cell lymphotropic virus nomenclature which has helped enormously in patient interaction. The same can be said for not calling HTLV-III the AIDS virus. Unlike animals where describing the virus by the associated disease is useful, for humans, this practice is probably not suitable, and an alternative should be sought. I would certainly urge that some nomenclature such as human T-lymphotropic virus be considered.

An alternative to HTLV would involve developing an entirely new nomenclature which would be "generic" in its orientation. Thus, the currently discovered agents could potentially be termed HRV1, HRV2, and HRV3 for human retrovirus type I, II, and III. The advantage of this "generic" nomenclature is that it obviates the rather tiresome debate about similarities or differences of these agents which are totally focused on the nomenclature problem, and it sets the stage for the fact that undoubtedly there will be future isolations of retroviruses associated with diseases of many different types and presumably with different tropisms (e.g., non-T-cell tropisms) as well.

I hope that these comments will prove useful to you in your undoubtedly difficult discussions and negotiations.

Please feel free to call upon me concerning this issue. Best wishes.

Sincerely,

A handwritten signature in black ink, appearing to read "William A. Blattner". The signature is fluid and cursive, with a large, stylized "W" and "B".

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WAB:mj